

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 11/01/06 09/01/07
Section: Durable Medical Equipment	Section: 10.27	
	Pages: 3	
Subject: Continuous Positive Airway Pressure (CPAP) with or without an In-Line Heated Humidifier	Cross Reference:	
	Reimbursement 10.02	
	Documentation 10.07	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

- ☐ Beneficiaries under age 21
- ☐ Beneficiaries age 21 and over
- ☒ All beneficiaries (no age restriction)
- ☐ Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to Continuous Positive Airway Pressure:

This item may be approved for :

- ☐ Rental only
- ☐ Purchase only
- ☒ Rental for initial 3 months trial period, then recertification is required.
(the 3 month rental trial period will apply toward the maximum reimbursement for purchase)
- ☐ Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

CPAP is a non-invasive provision of air pressure through nasal administration and a flow generator system to prevent collapse of the oropharyngeal walls during sleep.

All related supplies are considered an integral part of the rental or purchase allowance of the CPAP unit and separate charges for supplies or respiratory services are not payable.

An in-line heated humidifier, when used in conjunction with and attached to the CPAP unit, may be billed separately.

For policy related to the use of humidification devices when used in conjunction with and attached to the CPAP unit, refer to section 10.42, Humidifiers, in the Provider Policy Manual.

If a beneficiary owns the CPAP unit, the DME supplier may bill for the supplies listed in the following table. The table represents the usual maximum amount of accessories expected to be medically necessary. The claims for more than the usual maximum replacement amount will be denied as not medically necessary unless the claim is accompanied by documentation that justifies a larger quantity in the individual case.

HCPSC Code	Description	Frequency
A7030	Full face mask used with positive airway pressure device, each	1 every 3 months
A7031	Face mask interface, replacement for full face mask, each	1 every 3 months
A7032	Replacement pillows for nasal application device, each	1 every month
A7033	Replacement pillows for nasal application device, pair	1 pair every month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 every 3 months
A7035	Headgear used with positive airway pressure device	1 every 6 months
A7036	Chin strap used with positive airway pressure device	1 every 6 months
A7037	Tubing used with positive airway pressure device	1 every month
A7038	Filter, disposable, used with positive airway pressure device	2 every month
A7039	Filter, non-disposable, used with positive airway pressure device	1 every 6 months
A7044	Oral interface used with positive airway pressure device, each	1 every 3 months

For Mississippi Medicaid purposes, apneas and hypopneas physiologically represent the same compromise, will be considered as equivalents, and will be referred to as "respiratory events".

A CPAP unit is covered when the beneficiary has one or more of the following:

- The beneficiary is an adult and the polysomnogram demonstrates a minimum recording time of 6-7 hours with an average of five or more respiratory events per hour, each lasting a minimum of 10 seconds or more.
- The beneficiary is a prepubescent child and the polysomnogram demonstrates an average of one or more respiratory events per hour.
- The beneficiary is a child who has documented measurements of increased end-tidal CO₂ values that confirm the presence of obstructive sleep apnea.
- The beneficiary has a diagnosis of upper airway resistance syndrome with the presence of at least 10 respiratory related EEG arousals per hour of sleep accompanied by a history of clinically significant daytime sleepiness (or documented excessive daytime sleepiness as determined by a Multiple Sleep Latency Test), with a significant reduction in EEG arousals following administration of CPAP.

CPAP may be considered for coverage with appropriate documentation for the following medical conditions:

- Persistent hypoxemia (SaO₂ < 90%) during sleep even in the absence of obstructive sleep apnea
- Central sleep apnea
- Chronic alveolar hypoventilation syndrome
- Intrinsic lung disease
- Neuromuscular disease

After the initial three (3) month trial period, the CPAP may be recertified up to seven (7) additional months with a ~~physician's certifying statement that the CPAP treatment was effective and that the beneficiary was compliant in using the equipment.~~ CPAP Compliance CMN Form completed by the ordering physician. If the equipment was not effective or, if the beneficiary was non-compliant, the equipment may be returned to the vendor. The rental fees paid for the three (3) month trial period will apply toward the maximum reimbursement for purchase.